

Department of Military Affairs
ATTN: IMFRF Coordinator
1301 N. MacArthur Blvd.
Springfield, IL 62702-2399

ILLINOIS MILITARY FAMILY RELIEF FUND (IMFRF) APPLICATION

If you need assistance completing the application please call 1-866-524-4564 (ILNG)

PLEASE PRINT LEGIBLY**MILITARY MEMBER'S INFORMATION**

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: (Nine Digit if available) _____

HOME PHONE: _____ ALTERNATE PHONE _____

BRANCH: _____ RANK/PAY GRADE: _____ SOCIAL SECURITY #: _____

HOME STATION UNIT OF ASSIGNMENT: _____

(Where you would normally drill when not on active duty.)

EMAIL ADDRESS: _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: (Nine Digit if available) _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

(If not the service members spouse, Applicant must include a copy of Power of Attorney)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION:

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____

CHECK TYPE(S) OF GRANT(S) REQUESTED:☐**STATUS BASED GRANT -- FLAT RATE OF \$500**

- Pay grade must be no higher than O-3 or W-3
- Must be: A member of the Illinois National Guard
- Or an Illinois resident and a member of the National Guard or Reserves of any state
- Attach a copy of activation orders (of 30 consecutive days or more) stating service member was/is deployed for one of the following operations (Operation Enduring Freedom/Noble Eagle/Iraqi Freedom, Southern Watch/Northern Watch, Executive Order # 13223 or any future operations as determined by the President or Governor of Illinois).
- Attach LES or DD214. If sending an LES it **MUST** be a full pay period (i.e. 16 Oct 06 TO 31 Oct 06) and within the period of service on the activation orders.
- Application must be signed

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Illinois and the Illinois Department of Military Affairs access to my pertinent records, including information maintained in DEERS or other automated systems, as may be necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. **Failure to provide the requested information, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of Illinois and the Illinois Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

SIGNATURE OF APPLICANT: _____ DATE: _____
(Must Contain Original Signature – unsigned applications or facsimile signatures are unacceptable)

COMPLETE THIS PAGE ONLY IF APPLYING FOR CASUALTY BASED OR NEED BASED GRANT - CHECK TYPE(S) OF GRANT(S) REQUESTED:

CASUALTY BASED GRANT -- FLAT RATE OF \$2,000

☐

- **Must include all items and meet all rules listed in Status Based Grant.**
- Service member must submit documentation (Purple Heart or an approved Line of Duty Investigation with sworn statements from commander and fellow unit members are examples) stating that they were injured due to HOSTILE Action as follows in the IMFRF rules:
"Proof that the service member sustained an injury as a result of a terrorist activity or as a direct result of a hostile action, sustained in combat or relating thereto, or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action, including injuries to service members who are wounded mistakenly or accidentally by friendly fire directed at a hostile force or what is thought to be a hostile force."
- Applicants that submit paperwork stating other than injury due to a hostile action will be denied. A \$0 amount will be paid if the service member has already been disbursed the \$500 grant.
- This grant payment cannot be made on behalf of deceased members as other compensation is paid by the State of Illinois.

NEED BASED GRANT -- UP TO \$2,000

☐

- **Must include all items and meet all rules listed in Status Based Grant.**
- Single service members are ineligible for this grant
- Applicants must submit a complete month's civilian and military pay statements that reflect the service member has sustained a 30% or more decrease from their civilian salary
- Attach copies of bills/invoices/estimates/notices for expenses.
- Complete the three financial questions and fill in expense chart.
- Attach a signed statement from the applicant indicating what the grant will be used for.
- This grant will only pay the amount of bills attached **up to \$2000.**

(ONLY COMPLETE THIS SECTION IF APPLYING FOR NEED BASED GRANT)

1. Monthly Civilian Salary includes NO overtime (attach copy of pay stub): \$ _____
2. Monthly Military Salary includes base pay and BAH (attach copy of LES): \$ _____
NOTE: If you are eligible for, have applied for or are receiving payments under the Reserve Income Replacement Program (See ALARACT 196/2006), please so indicate and identify amount receiving: YES NO \$ _____
3. Is military salary at least 30% less than civilian salary? (Circle One) YES NO
(If you do NOT meet the 30% requirement, you will NOT qualify for the Need-Based Grant)

<u>EXPENSE</u>	<u>AMOUNT</u>	<u>DESCRIBE ATTACHMENT(S)</u>
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Illinois and the Illinois Department of Military Affairs access to my pertinent records, including information maintained in DEERS or other automated systems, as may be necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. **Failure to provide the requested information, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of Illinois and the Illinois Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

SIGNATURE OF APPLICANT

(Must Contain Original Signature – Facsimile signatures are unacceptable)

DATE